Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

2 Martin Luther King Jr. Drive SE, Suite 754, East Tower, Atlanta, GA 30334

STABLE 4ward Quarterly Reporting Guidance

Georgia's child care stabilization program, STABLE 4ward, began accepting applications October 18, 2021. DECAL recognizes the critical role that child care plays in supporting children, families, businesses, and the economy as a whole. The purpose of STABLE 4ward is to respond to the urgent need to stabilize the child care sector in Georgia. Funded by supplemental Child Care Development Block Grant funds through the American Rescue Plan Act (ARPA), this opportunity is intended to help stabilize the cost of maintaining child care programs by supporting the child care workforce, reducing the financial burden of child care for families and ensuring a safe and healthy environment.

Quarterly reporting is a requirement of STABLE 4ward. Failure to complete all reporting within the reporting month will result in the suspension of STABLE 4ward payments. Failure to complete all reporting within the reporting quarter will result in the closure of the STABLE 4ward application and cancellation of all suspended and future payments.

General Quarterly Reporting Information

1. **Accessing the Quarterly Reporting:** Providers may access quarterly reporting for each site when logging into their DECAL KOALA self-service account. The quarterly reporting for *STABLE 4ward* must be completed following the schedule on the below table.

STABLE 4ward Quarterly Reporting Schedule

#	Quarterly Reporting Period	Quarterly Reporting Start Date	Quarterly reporting Deadline
1	03/11/2021 thru 03/31/2022	5/1/2022	5/31/2022
2	04/1/2022 thru 06/30/2022	8/1/2022	8/30/2021
3	07/01/2022 thru 9/30/2022	11/1/2022	11/30/2021
4	10/01/2022 thru 12/31/2022	2/1/2023	2/28/2023
5	01/01/2023 thru 03/31/2023	5/1/2023	5/31/2023
6	04/01/2023 thru 06/30/2023	8/1/2023	8/30/2023
7	07/01/2023 thru 9/30/2023	11/1/2023	11/30/2023
8	10/01/2023 thru 12/31/2023	2/1/2024	2/28/2024
9	01/01/2024 thru 03/31/2024	5/1/2024	5/31/2024
10	04/01/2024 thru 06/30/2024	7/1/2024	7/31/2024

A. Select the green "Complete STABLE Quarterly Reporting Requirements" button to enter the quarterly reporting.
B. This link will remain visible during each of the Start Dates & the Deadline Dates on the Quarterly Reporting Schedule above.
C. Once started, you will be able to save your progress and continue to access the information until the quarterly reporting has been submitted for each period.

STABLE Application

Quarterly reporting is a requirement of STABLE 4ward. Failure to complete all reporting within the reporting month will result in the suspension of STABLE 4ward payments. Failure to complete all reporting within the reporting quarter will result in the closure of the STABLE 4ward application and cancellation of all suspended and future payments.

Quarterly reports must be submitted by 5:00 p.m. on May 31, 2022.

⊕ Complete STABLE Quarterly Reporting Requirements

2. **Confirm email address and Create a Secure Key:** The first step of the quarterly reporting is to confirm certain detail about the program receiving *STABLE 4ward*.
   A. **Email Address for STABLE Communications**
      All applicants must enter the email address they wish to use for all STABLE communications.
   B. **Add Secure Key for STABLE**
      - Providers will have the ability to set up a Secure Key to access the application. This **optional** feature is designed to enhance security of information contained in the STABLE application. See **Appendix A** for more information on the Secure Key feature.

Email Address for STABLE Communications:

stable@decal.ga.gov

Estimated Monthly Grant Amount:	# of Months:	Total Estimated Grant Amount:
$2,170.00	23	$49,910.00

Approved Monthly Grant Amount:	# of Months:	Total Approved Grant Amount:
$2,821.00	23	$64,883.00

⊕ Add Secure Key for STABLE

If you would like to add an additional level of security to the STABLE 4ward Applications please select 'Add Secure Key for STABLE'

3. **Employee Data**
   A. If the provider applied for POWER payments the list of employees will be prepopulated using the information provided when completing the POWER application.
   B. Did you spend STABLE funds on salaries or benefits? (check all that apply)
      a) If a provider paid salaries or benefits using STABLE funds, they should select the box for the applicable column for each employee salary or benefit was paid for.
      b) If salaries or benefits were paid for ALL employees, the provider can select the box at the top of the applicable column for each item paid, to select all employees.
      c) Providers must enter or update the Hourly Wage, Hire Date & Role & Degrees/Credentials for each employee.

Add Employee

Number Of Employees: 8

Employee Number	Employee Name	Hiring Bonus	Retention Bonus	Referral Bonus	Temporary / supplemental pay	Over Time Bonus	Currently Employed	New Hire	Furlough or Lay off	Involuntary separation	Increase Wages?	Hourly Wage	Hire Date	Role	Degrees/Credentials	Employee Name
EMP-165423	ANNETTE STIDWELL	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	10.00	05/13/2019	Child Care Center Teacher	Select -->	ANNETTE STIDWELL
EMP-165373	Courtney Watson	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	14.00	05/13/2019	Child Care Center Assistant Director		
EMP-165347	Jodi Shoemake	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	16.00	01/01/2015	Child Care Center Director		hake
EMP-165427	LaTia Williams	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	10.00	02/06/2020	Child Care Center Teacher		s
EMP-165410	Rosalind Walters	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	10.00	04/07/2017	Child Care Center Teacher		nd Walters
	Cynthia McCounly	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	12.00	01/22/2022	Child Care Center Bus Driver	Select -->	Cynthia McCounly
	Delores Thomas	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	11.00	02/01/2022	Child Care Center Teacher	Select -->	Delores Thomas
	Gale Yancy	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	90.00	12/25/2021	Child Care Center Director	Select -->	Gale Yancy

Dropdown (Degrees/Credentials):
Select -->
Associated Degree in Early Childhood Education (AA)
Associated Degree in Early Childhood Education (AAS)
Associated Degree in Early Childhood Education (AAT)
Associated Degree Non-ECE
Bachelor's Degree in Early Childhood Education
Bachelor's of Higher Non-ECE
Child Development Associate credentials (CDA)
Master's Degree in Early Childhood Education
No Credential or Degree
Paraprofessional Certificate
Technical Certificate of Credit (TCC) in Early Childhood Education
Technical College Diploma (TCD) in Early Childhood Education

A. If an employee is no longer employed by the provider, uncheck the box in the "Currently Employed" column for the applicable employee.
B. **Add Employee:** If employee is not shown on list, select the blue "Add Employee" button to add employee.
C. The employee dropdown list will be a pre-determined list based on all employees who have a valid comprehensive satisfactory or national satisfactory background check for the program on file.
D. To add employee from list, select the box to the left of the employee's name, scroll to end of employee list and select blue "Add Employees" box.

Add Stable Employee ✕

Select Employees below and click Add Employees button at the bottom to add them.

☐	Employee Number	Name	Date of Birth	Hire Date	Employee Role
☐		ADDIE CAMPBELL	04/03/1951		
☐		Addie Campbell	04/03/1951	05/04/2018	
☐		Akamia Christopher	10/15/1989	10/01/2018	
☐		Al-Aziz Baker	07/25/1999	04/14/2021	
☐		Ala Hammond	11/19/1996	09/01/2020	
☐		Alexas Rose	01/19/1998	10/15/2018	
☐		Alexis Archie	08/11/2000		
☐		Amanda Holmes	09/03/1999	03/05/2019	
☐		Aratha Shannon	09/30/1967	06/01/2017	

4. **Workforce Supports:** Select the appropriate answer for each question related to Workforce Supports
   A. Has your Director changed since your application or last quarterly report?

B. Does your program provide any of the following employee benefits? (Check all that apply)
   a) Dental
   b) Life Insurance
   c) Medical
   d) Retirement
   e) Vision
   f) Other
C. Did you use STABLE funds to assist with the cost of employee benefits?
D. Did you use STABLE funds to enhance employee benefits? (Benefits that you did not provide prior to receiving STABLE funds)
E. Did you use STABLE funds to provide mental health services to employees?

Workforce Supports	
Has your Director changed since your application or last quarterly report?	◉ Yes ○ No
Does your program provide any of the following employee benefits? (Check all that apply)	☐ Dental ☑ Medical ☐ Retirement ☐ Life Insurance ☐ Other ☐ Vision
Did you use STABLE funds to assist with the cost of employee benefits?	◉ Yes ○ No
Did you use STABLE funds to enhance employee benefits?	○ Yes ◉ No
Did you use STABLE funds to provide mental health services to employees?	○ Yes ◉ No

5. **Relief for Families**: Select the appropriate answer for each question related to Relief for Families
   A. Did you increase tuition for any families in the last quarter?
   B. Did you use STABLE funds to provide tuition relief for families?
   C. If yes, how many families received tuition relief using STABLE funds, during the last quarter?
   D. Did you use STABLE funds to provide mental health services for families?
   E. If yes, how many families received mental health services using STABLE funds, during the last quarter?

Relief for Families	
Did you increase tuition for any families in the last quarter?	○ Yes ◉ No
Did you use STABLE funds to provide tuition relief for families?	◉ Yes ○ No
If yes, how many families received tuition relief using STABLE funds, during the last quarter?	5
Did you use STABLE funds to provide mental health support for families?	○ Yes ◉ No
If yes, how many families received mental health support using STABLE funds, during the last quarter?	

6. **Facilities**: Select the appropriate answer for each question related to Facilities
   A. Did you use STABLE funds for remodeling or improvements to your facility in the last quarter?

B. Did you use STABLE funds for improvements to your playground area in the last quarter?
C. Did you use STABLE funds for costs to improve program or classroom quality?
D.
E. Did you use STABLE funds for the cost of the following facilities costs? (check all that apply)
    a) Rent/Mortgage
    b) Utilities
    c) Insurance
    d) Repairs/Building Maintenance
    e) Equipment to respond to COVID-19

Facilities	
Did you use STABLE funds for remodeling or improvements to your facility in the last quarter?	○ Yes ● No
Did you use STABLE funds for improvements to your playground area in the last quarter?	● Yes ○ No
Did you use STABLE funds for facility costs to improve program or classroom quality?	● Yes ○ No
Did you use STABLE funds for the cost of the following facilities costs? (check all that apply)	☑ Rent/Mortgage ☑ Repairs/Building Maintenance ☑ Utilities ☑ Equipment to respond to COVID-19 ☑ Insurance

7. **Supplies, Materials and Food**: Select the appropriate answer for each question related to Supplies, Materials and Food.
    A. Did you use STABLE funds for program supplies and materials in the last quarter?
    B. Did you use STABLE funds for classroom supplies and materials in the last quarter?
    C. Did you use STABLE funds for the cost of food in the last quarter?
    D. Did you use STABLE funds to purchase classroom supplies and materials to improve program or classroom quality?
    E. Did you use STABLE funds for any of the following?
        a) Supplies to respond to COVID-19
        b) Personal Protective Equipment (PPE)
        c) Classroom Technology
        d) Program Technology

Supplies, Materials and Food	
Did you use STABLE funds for program supplies and materials in the last quarter?	● Yes ○ No
Did you use STABLE funds for classroom supplies and materials in the last quarter?	○ Yes ● No
Did you use STABLE funds for the cost of food in the last quarter?	● Yes ○ No
Did you use STABLE funds to purchase classroom supplies and materials to improve program or classroom quality?	● Yes ○ No
Did you use STABLE funds for any of the following?	☑ Supplies to respond to COVID-19 ☑ Classroom Technology ☐ Program Technology ☐ PPE

8. **Enter the Required Attendance Information:** To provide STABLE 4ward funding in a manner that accounts for how each provider is operating today relative to their pre-pandemic operations, each applicant must enter their recent attendance for the quarterly reporting. Please enter the total attendance for the applicable Quarterly Reporting Period shown on the *STABLE 4ward* **Quarterly Reporting Schedule**

   A. Providers should enter the attendance count by age based on the age categories on the table. **Do not count children that attend your program for free**.

   B. For quarterly reporting, we are asking that providers enter the attendance for traditional hours and non-traditional hours.

      a) **For Traditional Hours Attendance**, providers must count all children that meet **ONE** of the following criteria and enter the count of children by the child's age:

         i. **The child attended the program in person for care, for any length of time, between 6:00 a.m. and 7:00 p.m. on any Monday, Tuesday, Wednesday, Thursday, or Friday during the quarter. Do not count children that attended outside of these times and days.**

         ii. **You, the child care provider, billed for and received payment for an ABSENT CHILD with an active CAPS scholarship for any service week in the quarter being reported, in accordance with the CAPS Emergency Payment Policies Waiver.**

      - TIP: Take a list of all children enrolled through private pay, GA-Pre-K or CAPS in your program. First, count each of children that attended, for any length of time, in person during the applicable Quarterly Reporting Period based on the criteria above in number 1. Second, for any of the children that did not attend, ALSO count any of these children that your program received a CAPS payment for any week of care in applicable Quarterly Reporting Period. These are the children you should include when you complete your attendance for the quarterly reporting.

      b) **For Non-Traditional Hours Attendance**, providers must count all children that meet **ONE** of the following criteria and enter the count of children by the child's age:

         i. **The child attended the program in person for care, for any length of time, during any of the following times**
            - **Before 6:00 a.m.**
            - **After 7:00 p.m.**
            - **Saturday**
            - **Sunday**
            - **Do not count children that attended outside of these times and days.**

         ii. **You, the child care provider, billed for and received payment for an ABSENT CHILD with an active CAPS scholarship for any service week in the quarter being reported, in accordance with the CAPS Emergency Payment Policies Waiver.**

      - TIP: Take a list of all children enrolled through private pay, GA-Pre-K or CAPS in your program. First, count each of children that attended, for any length of time, in person during the applicable Quarterly Reporting Period based on the criteria above in number 1. Second, for any of the children that did not attend,

ALSO count any of these children that your program received a CAPS payment for any week of care in applicable Quarterly Reporting Period. These are the children you should include when you complete your attendance for the quarterly reporting.

Non-Traditional Hours will only appear if a provider was licensed for Non-Traditional Hours AND Non-Traditional Hours were selected at the time of application for STABLE 4ward.

Attendance

Description for Traditional Hours - Any child that attended for any part of a day between 6:00am - 7:00pm Monday - Friday

Age	Total Attendance
Under 1 year	0
1 year	0
2 years	0
3 years	0
4 years	25
5 years (Kindergarten)	0
5 years & older	1
Total	**26**

Description for Non - Traditional Hours - Any child that attended for any part of a day between 7:00pm - 6:00am or on Sunday/Saturday

Age	Total Attendance
Under 1 year	0
1 year	0
2 years	0
3 years	0
4 years	1
5 years (Kindergarten)	0
5 years & older	0
Total	**1**

c) **Using the Age Categories for the Attendance Table**
   i. We are asking you to use the actual age of the child, in the quarter you are reporting data for, not the type of classroom they are in.
   ii. If a child has a birthday during the quarter, use the age they were for most of the quarter.
   iii. A provider may not see all age groups in their application if they are not licensed to care for those ages. **Please contact your child care consultant if all applicable age groups are not visible but should be.**

Age Category	Description of Age Category
Under 1 year	• Children under the age of 1 • Cannot be used for Georgia's Pre-K Attendance
1 year	• Children age 1 but less than age 2 • Cannot be used for Georgia's Pre-K Attendance

2 years	• Children age 2 but less than age 3 • Cannot be used for Georgia's Pre-K Attendance
3 years	• Children age 3 but less than age 4 • Cannot be used for Georgia's Pre-K Attendance
4 years	• Children age 4 but less than age 5 • **Can** be used for Georgia's Pre-K Attendance • This is also for children that are cared for before or after school but attend pre-k at another location.
5 years (pre-k only)	• Children age 5 but less than 6 that are **not** in kindergarten • This is for children who are in any pre-kindergarten setting such as a Georgia's Pre-K Program classroom, a Head Start Pre-Kindergarten classroom, or a private-pay Pre-Kindergarten classroom • This is also for children that are cared for before or after school but attend pre-k at another location. • **ATTENTION Family Child Care Learning Home providers** ○ **This age category will not appear to you and you should place all children that are age 5 in the age category "5 years & older" for the purpose of completing the application.**
5 years & older (kindergarten & up)	• Children age 5 and over that are school age (k-12) and cared is provided before or after school • Cannot be used for HS/EHS Enrollment • Cannot be used for Georgia's Pre-K
Total	• This is a calculated field and not an entry field • This field calculates the sum of attendance for each column for all age categories.

9. **Enter the Total Spend for the STABLE 4ward Funds:** All applicants must enter the total spend for the reporting period, to account for the allocated portion of Total Payment Paid. The budget allocation for STABLE 4ward includes 4 categories: Workforce Supports, Relief for Families, and Operational Supplies Materials, and Food.

    A. STABLE recipients must use their stabilization funds for cost incurred in a manner consistent with their application budget.

       That said, providers will have some flexibility relative to the budget they submitted in their application. Ultimately, at least 70% of all STABLE funding must be used for Workforce Support

and Relief for Families. Regardless of the budgeted percentage for these areas, providers will be able to spend funds as they see fit as long as they meet the 70% minimum.

This mean that if a provider submits a budget of 35% for Workforce Support and 35% for Tuition Relief for Families, they can use the funds any way they chose in those two categories as long as 70% of all funding is used for those two categories. This means that no more 30% of all STABLE funding can be applied to cost for Facilities Cost and Operational Supplies, Materials, and Food.

B. Up to 100% can be applied to Workforce Supports and Tuition Relief for Families.

Enter the location's budget allocation plan for the STABLE payment.

The following types of costs are eligible to be used for this grant. Enter the total dollars spent for each eligible category. Total spending reported must not exceed total payment paid.
Note: Providers may be required to prove that funds were used in accordance with their submitted application.

Total Payment Paid: $5,642.00

Overall Totals and Approved Budget	Total Percentage Allocation	Approved Budget Amount	Total Spending For 11-01-2021 thru 03-31-2022	Actual Quarter Percentage	Total Spending Reported	Feedback for Compliance
Workforce Supports	35%	$22,709.00	$ 0	0.00%	$0.00	Warning: Your spending related to workforce support and relief for families is less than the minimum required for these categories. Your final spending amount must be at least 70% of total funding.
Relief for Families	35%	$22,709.00	$ 0	0.00%	$0.00	
Facilities Costs	15%	$9,732.00	$ 0	0.00%	$0.00	
Operational Supplies, Materials and Food	15%	$9,732.00	$ 0	0.00%	$0.00	
Total	**100%**	**$64,883.00**	**$0.00**	**0.00%**	**$0.00**	

Describe in detail how you used the funding in the past quarter   1000 characters

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10. Quarterly Reporting Affirmations for Programs
   A. First, each provider must agree to meet each of the STABLE Affirmations of Compliance by checking each associated box.
   B. Please check the acknowledgement and enter your name for the affirmation section to be completed.
   C. Once you have completed all requested information select the blue "Submit" button to submit the quarterly reporting to DECAL for further processing.

STABLE Affirmations of Compliance

☑ This child care program will, when open and providing services, implement policies in line with rules, guidance, and orders from the Georgia Department of Early Care and Learning and, to the greatest extent possible, implement policies in line with guidance from the Centers for Disease Control and Prevention.

☑ This child care program will not involuntarily furlough(reduce hours) employees and will ensure that all employees receive the same compensation of wages and benefits from the date of the application submission through the duration of the award period. This does not apply in cases of voluntary/involuntary separation between the child care program and an employee.

☑ This child care program will provide relief from applicable copayments and tuition payments for the families enrolled in the program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

☑ By entering your name   Brenda Parker   as an electronic signature, you are attesting to the above statements that are required by the American Rescue Plan Act (ARPA).

Save   Submit   Back

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Appendix A: Secure Key

The STABLE Quarterly Reporting allows the provider to add a Secure Key as an **optional** feature. This feature allows an additional level of security for quarterly reporting information. Only DECAL STABLE team and owner IDs will be able to view or update the program's Quarterly Reporting if a Secure Key is created. It is the provider's responsibility to keep the Secure Key private.

If the provider forgets the STABLE Secure Key, contact The STABLE team at stable@decal.ga.gov .

1. How to Create a Secure Key

A. Follow the steps below for creating a Secure Key.

Click green "Add Secure Key for STABLE" button.

Email Address for STABLE Communications:
stable@decal.ga.gov

Estimated Monthly Grant Amount:	# of Months:	Total Estimated Grant Amount:
$2,170.00	23	$49,910.00

Approved Monthly Grant Amount:	# of Months:	Total Approved Grant Amount:
$2,821.00	23	$64,883.00

⊕ Add Secure Key for STABLE

If you would like to add an additional level of security to the STABLE 4ward Applications please select 'Add Secure Key for STABLE'

B. Follow the prompts to add a Secure Key to the account. When creating a STABLE Secure Key, provide name, email address, phone number, and a secret word. This information will be used to reset the STABLE Secure Key if needed. All the following information must be entered:

- **Secure Name:** (30 characters)
- **Secure Phone Number:** (phone number format)
- **Secure Email Address:** (valid email address)
- **Password Reset Secret Word:** (30 characters)
- **Secure Key:** (15 characters)
- **Press SAVE**

Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If provider forgets the password or has any issue with the Secure Key, contact the STABLE team at stable@decal.ga.gov.

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Add Secure Key for Decal Koala

If you would like to add an additional level of security to the POWER Employee Applications please read the instructions below.
- By selection a secure key for DECLA KOALA you will be responsible for obtaining and keeping your DECAL KOALA Secure key private.
- Only DECAL KOALA user ids (director and owner ids) will be able to view or update your programs POWER Employee Application or STABLE 4ward applications in DECAL KOALA once the DECAL KOALA Employee Secure Key is created.
- If you forget your DECAL KOALA Secure Key please contact Supplemental Payments mailbox at supplementalpayments@decal.ga.gov.
- When selecting your DECAL KOALA Secure Key please provide a name, email address and phone number along with a secret word. This information will be used to reset your DECAL KOALA Secure Key, if needed.

Secure Name:

Secure email address:

Secure phone number:
(xxx) xxx-xxxx

Password reset secret word:

Secure Key:

Note: Secure secret word will be used to reset a Decal Koala secure key if it is forgotten

Save   Cancel

Provider will be required to enter the Secure Key to have access to the STABLE Quarterly Reporting. Provider should not share the Secure Key with anyone who should not have access to the information in the STABLE Quarterly Reporting.

Providers will also have the option to reset or delete the Secure Key.

2. **How to Reset Secure Key**
    A. Select "Reset Secure Key." Enter the Password Reset Secret Word and then create a new Secure Key. Select "Continue" to save the new Secure Key.

Secure Key

Secure Key:

••••

Reset Secure Key
Delete Secure Key

Continue   Cancel

Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If provider forgets the password or has any issue with the Secure Key, contact the STABLE team at stable@decal.ga.gov.

3. **How to Delete Secure Key**
    A. Select "Delete Secure Key."
    B. Enter the Secure Key to gain access. Select "Continue" to delete the Secure Key.

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Delete Secure Key
Secure Key:
••••

Continue   Cancel

If provider enters an incorrect Secure Key, the message below appears. Re-enter the correct Secure Key. If provider does not remember the Secure Key, contact the STABLE team at stable@decal.ga.gov for assistance.

• The Secure Key you entered is not valid

Secure Key
Secure Key:
••••
Reset Secure Key   *
Delete Secure Key

Continue   Cancel

Note: Please keep in mind the Secure Key cannot be the same as the Password Reset Secret Word. If provider forgets the password or has any issue with the Secure Key, contact the STABLE team at stable@decal.ga.gov.